FEC FORM 1

STATEMENT OF ORGANIZATION

FC	ORM 1		O	RGANIZ	AHO	N								
				(See instruction	ons)					Office us	se only			
	AME OF DMMITTEE (i	n full)		(Check if name is changed)		mple: If typying, t	ype	12FE	4M5					_
L Na L⊥ulo	ational Uni	on of He	althcare W	orkers Federal	Commi	ttee on Politic	cal Ed-							╛
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ADDRE	ESS (number ar	d street)	5940	College Avenu	ie 					1.1			1.1	⅃
	Check if addre	ss					ш				ш			⅃
X i	s changed)		Oakla	nd 			Ш	ÇA	L	9	4618	-L		⅃
					CITY			STATE	•		ZIP CC	DE 👍		
COMM	ITTEE'S E-M	AIL ADDR	ESS (Please	provide only one e	-mail addr	ess)								
``	Check if address changed)	ss	stacy	@hanklevycpa	a.com									
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COMM	ITTEE'S WE	B PAGE A	DDRESS (UF	RL)										
	Check if addre			,										1
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2. D/	ATE 0	4 / [19 / Y	2011										
3. FE	C IDENTIFIC	ATION NI	JMBER		C COC	461418								
4. IS	THIS STATE	MENT	X NEW	(N) OR		AMENDED) (A)							
I certify t	that I have exa	mined this S	Statement and	to the best of my kn	owledge ar	d belief it is true, o	correct and	d complete)					
Type or	Print Name	of Treasure	r S	tacy Owens										
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Signatu	ire of Treasur	er El <u>ec</u>	ronically Filed	by Stacy Ow	ens ens		_	Date	0 4 M	/ D	1 ^D 9	Y	2 0 1 1	
NOTE: S	Submission of	false, erron		olete information ma							U.S.C. §	437g.		_
	Office					For further infor				FF	C FC		1	_
	Use Only					Federal Election Toll Free 800-42 Local 202-694-1	4-9530	ion			Revised 0			

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5.	TYPE OF COMMITTEE (Check One) Candidate Committee:										
	(a)		This committee is a principal campaign committee. (Complete the candidate information below.)								
	(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)								
	Name Candid										
	Candid Party /		ion Office House Senate President	State District							
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.										
	Name Candid										
	Party	Comn									
	(d)		This committee is a (National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.							
	Political Action Committee (PAC):										
	(e) X		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ed organization is a:							
			Corporation Corporation w/o Capital Stock X La	bor Organization							
			Membership Organization Trade Association C	ooperative							
	(1)		In addition, this committee is a Lobbyist/Registrant PAC.								
	(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)	d fund or party							
			In addition, this committee is a Lobbyist/Registrant PAC.								
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)								
	Joint Fundraising Representative:										
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.								
	(h)	(h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.									
Committees Participating in Joint Fundraiser											
			1 FEC ID number C								
			2. FEC ID number								
			3. FEC ID number								
			EEC ID number C								

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Write or Type Committee Name)								
National Union of Hea	althcare Workers Federal Committee on	Political Education							
6. Name of Any Connected (Organization, Affiliated Committee, Joint Fund	raising Representative, or Leade	rship PAC Sponsor						
National Union of Heal	thcare Workers								
Mailing Address	5801 Christie Avenue, Su	ite 525							
	Emeryville	ÇA]	94608 _ [
	CITY	STATE ≜	ZIP CODE						
Relationship: X Connected Organization	on Affiliated Committee Joint	Fundraising Representative	Leadership PAC Sponsor						
Full Name	5801 Christie Ave., Suite	525							
	Emeryville	<u>CA</u>	94608						
Title or Position ♥	CITY A	STATE	ZIP CODE A						
Custodi	an of Records	Telephone number	- <u>834</u> - <u>2009</u>						
	Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).								
Full Name of Treasurer Sal F	Rosselli								
Mailing Address	5801 Christie Ave., Suite	525							
	Emeryville		94608 _						
Title or Position ♥	CITY A	STATE ▲	ZIP CODE A						
Treasur	er	Talanhana number 510	_ 834 _ 2009						

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Full Name of Designated Agent	Stacy Owens							
Mailing Address	5940 College Avenue	5940 College Avenue						
	Oakland	CA	94618 –					
Title or Position ▼	CITY A	STATE A	ZIP CODE A					
Assista	nt Treasurer	Telephone number 510	652 1000					
safety deposit boxes or m Name of Bank, Depository	y, etc. ells Fargo Bank							
Mailing Address	2144 Shattuck Ave							
	Berkeley	ÇA [94704					
	CITY 🛕	STATE △	ZIP CODE 🛕					
Name of Bank, Depository	y, etc.							
Mailing Address								
	CITY 🙇	STATE ⊿	ZIP CODE 🛕					